

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

10/593420

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		5					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18							68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	23	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24						TOTAL CLAIMS						